

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County Scott
 or
 Township Morland
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 814File No. 38000Primary Registration District No. 6063Registered No. 23FULL NAME Sylvia Rosella Glueck

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE Single
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word)

DATE OF BIRTH

June 3, 1912
 (Month) (Day) (Year)

AGE

5 yrs. 2 mos. 2 ds.

If LESS than
 1 day, _____ hrs.
 or _____ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Scott Co. Mo.

PARENTS

NAME OF FATHER

Alysius Glueck

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Scott Co. Mo.

MAIDEN NAME OF MOTHER

Amenda Schitter

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Scott Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alysius Glueck(ADDRESS) Benton Mo

Filed

Nov. 6

1912

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Nov.4

1912

(Month)

(Day)

(Year)

I HEREBY CERTIFY, that I attended deceased from Oct 27, 1912, to Nov 4, 1912,

that I last saw her alive on Nov 3, 1912,

and that death occurred, on the date stated above, at 1:15 p.m.

The CAUSE OF DEATH* was as follows:

Dysphoria fever

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

M. P. Hawley

M. D.

Nov 6, 1912 (Address) Benton Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Benton Mo.

DATE OF BURIAL

Nov 4, 1912

UNDERTAKER

Alex. G. Dunbar

ADDRESS

New Hamburg

United States Standard Certificate of Death

Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of sex. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it is to be filled in only when needed. As examples: (a) *Grain mill*; (a) *Salesman*, (b) *Grocery*; (a) *Automobile factory*. The material on this part of the second statement. (a) *Miner*, (b) *Miner*, (c) *Miner*, (d) *Miner*, (e) *Miner*, (f) *Miner*, (g) *Miner*, (h) *Miner*, (i) *Miner*, (j) *Miner*, (k) *Miner*, (l) *Miner*, (m) *Miner*, (n) *Miner*, (o) *Miner*, (p) *Miner*, (q) *Miner*, (r) *Miner*, (s) *Miner*, (t) *Miner*, (u) *Miner*, (v) *Miner*, (w) *Miner*, (x) *Miner*, (y) *Miner*, (z) *Miner*.

For more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a definite cause can be ascertained as the cause. A list of diseases resulting from childbirth is given on the reverse. "PUERPERAL septicaemia," "PUERPERAL eclampsia," etc. State cause for which surgical operation was taken. For VIOLENT DEATHS state manner of death, as *Accidental*, *Suicidal*, *Violent*, etc. If probably such, if impossible to determine, state *Probably accidental*, etc. Examples: *Accidental drowning*; *Train—accident*; *Revolver wound*; *Poisoned by carbolic acid—probably*. State nature of the injury, as fracture of bone, etc. Sequences (e. g., *sepsis, tetanus*) may be stated in the head of "Contributory." (Recommendation of cause of death approved by the American Medical Association.)